



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 12-2-81	1. Agency Address Dept. of Medical Assistance 1010 West Peachtree Street, N.W. Atlanta, Georgia 30367  Operations Div. Information Systems	Application Number <b>78-207-A</b>	
Application Number		Date Received DEC 14 1981	Date Completed DEC 29 1981
2. Person to Contact Pat Dye		Working Title EDP Specialist	Telephone Number 894-4900
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 78-207 Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1980 Latest Present		5. Records Series Title (followed by title used in office, if different) Medicaid Eligibility and Expenditure Computer Output Microfilm Reports (Medicaid C.O.M. Reports)	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?  SAME			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to: Maintaining a Medicaid recipient eligibility list and documenting the payment of claims to Medicaid providers  Included are: See attached list          File is arranged: Alphabetically by report name, thereunder chronologically by report date.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) 12 cubic feet			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements      The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	_____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions      This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then

☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then

☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then

☐ Destroy.

☐ Transfer to State Archives for permanent retention.

☒ Other (Specify)

Office Reference (Duplicate) Copies: Hold in current files area until receipt of verified updated report or until no longer needed for current reference; then destroy.

Medicaid Library Copy: Place in Medicaid Library upon receipt of report; hold 3 years; then destroy.

Security (Original) Copy: Cut of file at the end of each month; then transfer to State Records Center; hold 7 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Karl E. Hoenes	12/7/81	Paul V. Murphy	12/2/81

  

State Records Committee (Signature)		Date
State Auditor/Designee	Donna M. Smith	12-22-81
Secretary of State/Designee	Canall Hart	12-21-81
Attorney General/Designee	Joseph H. ...	12-16-81

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)

#7

INCLUDED ARE:

Security, library and office copies of daily, weekly, and monthly computer output microfilm (C.O.M.) reports.

Adjudicated Claims by Payee  
Adjudicated Claims by Receipt. I.D.  
American Druggist Update  
Appropriation Expense  
Bendex Transaction Alpha  
Bendex Transaction Numeric  
Buy In Transaction Alpha  
Buy In Transaction Numeric  
Claims Investigation Detail Report  
Claims Process Data Analysis  
Cost Settlement Detail Report  
Cumulative Cash Disbursement  
Deleted Recipient Information List  
" " Name X-Ref Index  
" " Pat I.D. #  
Explanation of Medical Benefits (E.O.M.B.)  
E.P. File by Case #  
E.P. File by Name  
Five year Activity Ref. by Provider  
Labor Expense Journal By Org  
" " " By Project  
MARS Reports  
Master Index by Trans. Control #  
Monthly Payment Balance  
Numeric Diagnosis List  
" Drug List  
" ICD-9 Diagnosis List  
" Dental Procedure List  
" Supply List  
Payment History List by Provider  
" " " by Recip. I.D.  
" " Update  
Provider Data Base  
Provider Listing Alpha  
" " Numeric  
Recip. Eligibility Cards by Case #  
" " " " Client  
" " " " Name  
Recip Information List by Case #  
" " List by Recip I.D.  
Recip Name X Ref Index  
Recip Past ID X Ref Index  
Refund Recoup Trans History  
Remittance Advices  
" " (Nursing Home)  
SSI Master File  
SSI Master Update  
Suspended Claims X - Ref by Payee  
" " " " by Recip I.D.  
Tape Transfer Source Claims  
Provider/Recipient Billing Locator



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

## FOR AGENCY USE

Application Date  
7/3/78

Application Number

## 1. Agency Address

Department of Medical Assistance  
1010 West Peachtree St. N.W.  
Atlanta, Georgia 30309

OPERATIONS DIV., INQUIRY UNIT

## FOR RECORDS MANAGEMENT USE

Application Number

78-207

Date Received

JUL 12 1978

Date Completed

SEP 13 1978

2. Person to Contact  
Joe ErtavyWorking Title  
LibrarianTelephone Number  
894-4940

## 3. Action Requested

- a. ☐ Establish Retention Schedule; record will continue to accumulate.  
b. ☐ Dispose of present accumulation; no further accumulation anticipated.  
c. ☒ Amend Application No. 75-79, 75-80, 75-81 Check One: ☐ Change; ☒ Supersede; ☐ Void

## 4. Dates of Series

Earliest Latest

1977 present

## 5. Records Series Title (followed by title used in office, if different)

(Medicaid COM Reports)

MEDICAID ELIGIBILITY AND EXPENDITURE COMPUTER OUTPUT MICROFILM REPORTS

## 6. Division and Office Function

What is the function of the Division and the Office in which this record series is created?

The Program Operations Division is responsible for preparing and adjudicating Medicaid claims for payment. This is accomplished by coordinating the claims processing, provider, recipient and reference sub system of the Medicaid Management Information System (MMIS) in ensuring that the processing and payment of claims are made within Federal and State regulations; maintaining a close relationship with DOAS in relation to the data processing services they provide; expediting the payment and/or rejection of claims in "suspense" due to program edits; and identifying system and programming problems which cause backlogs or erroneous payments and recommending solutions to these problems.

## 7. Record Series Description

This file contains the following documents (include form numbers and titles, if any):  
Attach samples of the file.

Documents relating to: maintaining a Medicaid eligibility list and to documenting the payment of claims to Medicaid providers and recipients.

Included are: security, library, and office copies of monthly, quarterly, and annual computer output microfilm reports. Report titles are as follows:

- |   |   |
|---|---|
| -Medicaid Management Information System Transactions by Provider Number | -Supplementary Security Income File                           |
| -Eligible Persons File  | -Suspended Claims Cross Reference by Recipient Identification |
| -Supplementary Medical Insurance File                                   | -Medicare Suspended Claims Selected by Provider Number        |
| -Cash Journal by Vendor and Case number                                 | (see attachment)  |

Files are arranged: alphabetically by name of report; thereunder chronologically by date of report.

## 8. Monthly Reference Rate

How often are records referred to which are:

One to six months old \_\_\_\_\_; Seven to twelve months old \_\_\_\_\_; Thirteen to twenty-four months old \_\_\_\_\_; twenty-five months and older \_\_\_\_\_?

## 9. Annual Rate of Accumulation of Records

Letter-size drawers \_\_\_\_\_; Legal-size drawers \_\_\_\_\_; Shelves \_\_\_\_\_; Other (specify) \_\_\_\_\_

(24 cubic ft.)

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. Information summarized in Division Director's Subject File
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? Numerous Office Copies utilized throughout Department of Medical Assistant
X		i. Is this series (or a major portion of it) regularly microfilmed? Entire file series is computer output
	X	j. Does the record series result in a computer printout? microfilm

#### 11. Retention Requirements

The following requires the series to be kept:

a. State Law	<u>3</u> years.	d. Audit period	<u>3</u> years.
b. Statute of limitation	<u>3</u> years.	e. Administrative need	<u>7</u> years.
c. Federal law	<u>3</u> years.	f. Federal retention instructions	<u>0</u> years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

SEE ATTACHED SHEET

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal year; ☒ Other See below then,

- ☐ Hold in the current files area        month(s)        year(s); then
- ☐ Transfer to local holding area, hold        year(s); then
- ☐ Transfer to State Records Center; hold        year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Office Reference Copies: Hold in current files area until receipt of verified updated report; then destroy.

Medicaid Library Copy: Place in Medicaid Library upon receipt of report; hold 7 years; then destroy.

Security Copy: Cut off files at end of each month; then transfer to State Records Center; hold 7 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Cap M. Camp</i>	7-7-78	<i>Paul T. Murphy</i>	7/7/78
State Records Committee (Signature)		Date	
State Auditor/Designee		9-12-78	
Secretary of State/Designee		9-8-78	
Attorney General/Designee		9-13-78	

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)

Application Date 7/3/78

APPLICATION FOR RECORDS RETENTION SCHEDULE

11. ATTACHMENT

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

Based on previous reference experience, Dept of Medical Assistance needs security copy for 7 years to provide for prosecution of fraud cases and settlement of claims. File is used in connection with prosecution of suspected fraud cases. The different type of reports aid in discovering fraud cases since there are many ways to cross reference claims.

7. Record Series Description (cont.)

- |   |  |
|---|--|
| -Suspended Claims Cross Reference by Payee Number               | -Source Claims Reference by Recipient      |
| -Adjudicated Claims Cross Reference by Recipient Identification | -Five Year Activity Reference by Provider  |
| -Adjudicated Claims Cross Reference by Payee Number             | -Five Year Activity Reference by Recipient |
| -Cost Settlement Detail Report                                  | -Master Index by Transaction Number        |
| -Tape Transfer Source Claims                                    | -Remittance Advices                        |
| -Source Claims Cross Reference by Provider                      |  |

CURRENT MICROFILME REPORTS

<u>Report Title</u>	<u>Report Number</u>	<u>Initiated By</u>	<u>Frequency</u>	<u>Produced in July &amp; Aug frames fiche duplicates</u>		
Tape Transfer	CLPT120EZ01X	DMA	weekly	204,479	918	3,142
Master Index by Control No.	CLPBC60EZ01X	DOAS	monthly	5,762	26	156
Source Claim Cross Ref. by Recipient	CLPBC60EZ02X	DOAS	monthly	11,540	53	53
Source Claim Cross Ref. by Provider	CLPBC60EZ03X	DOAS	monthly	11,540	53	53
5 yr. Activity Ref. by Recipient	CLPBC70RZ01X	DOAS	monthly	57,491	262	262
5 yr. Activity Ref. by Provider	CLPBC70RZ02X	DOAS	monthly	1,914	10	10
Remittance Advice	CPWPF01ZT03P	DOAS	weekly	189,348	853	6,195
Eligible Patients by Case #	EP0201	DHR	monthly	10,148	46	920
Eligible Patients by Name	EP0202	DHR	monthly	20,298	92	1,800
SMI by Name	SM0701	DMA	monthly	4,702	21	252
Cost Settlement Detail Report	MARCS10RR14A	DOAS	monthly	-	-	-
Claims Processing Data Analysis	MARHI30RR45M	DOAS	monthly	22,055	99	195
Adjudicated Claims by Payee	MARHI50RT10P	DOAS	mth/qtr.	757,129	3,509	52,635
Adjudicated Claims by Recipient	MARHI50RT20P	DOAS	mth/qtr.	795,634	3,582	53,730
Suspended Claims by Provider	MARHI50RT30P	DOAS	monthly	1,914	9	10
Suspended Claims by Recipient	MARHI50RT40P	DOAS	monthly	1,914	9	108
Claims Investigation Detail Report	MARHI70RR53M	DOAS	monthly	67,063	301	290
Recipient Information List	RECMB31ZT02P	DOAS	monthly	11,534	78	78
Recipient Eligibility by Name	RECMB31ZT03P	DOAS	monthly	2,410	12	12
Recipient Cross Ref. Index	RECMB31T04P	DOAS	monthly	2,410	12	12
Nursing Home Remittance Advice	NHWW45T03P	DMA	monthly	3,024	16	125
Nursing Home Payment Update	NHRM18OUT03P	DMA	monthly	2,327	13	13
Nursing Home Payment History	NHRR31ORT01P	DMA	monthly	718	33	33
Provider/Recipient Billing Locator	NHRR32ORT03P	DMA	monthly	20,191	91	91
Provider Information Sheet	PRUFM72RR01X	DOAS	monthly	-	-	-
Numeric Procedure Listing	FREPR50RR01X	DOAS	monthly	-	-	-
Numeric Drug Listing	FREPR50RR03X	DOAS	monthly	-	-	-
Numeric Supply Listing	FREPR50RR07X	DOAS	monthly	-	-	-
Numeric Diagnosis Listing	FREPR50RR05X	DOAS	monthly	-	-	-
July and August Total for Current Reports				2,205,545	10,098	120,321
July and August Cost for Current Reports				\$14,336		\$8,127
						\$22,750



# APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

**INSTRUCTIONS:** See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 7/3/78	1. Agency Address Department of Medical Assistance 1010 West Peachtree St. N.W. Atlanta, Georgia 30309  OPERATIONS DIV., INQUIRY UNIT	Application Number <b>78-207</b>	
Application Number		Date Received JUL 12 1978	Date Completed SEP 13 1978
2. Person to Contact Joe Ertavy		Working Title Librarian	Telephone Number 894-4940
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 75-79, 75-80, 75-81 Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest 1977 present		5. Records Series Title (followed by title used in office, if different) (Medicaid COM Reports) MEDICAID ELIGIBILITY AND EXPENDITURE COMPUTER OUTPUT MICROFILM REPORTS	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?  The Program Operations Division is responsible for preparing and adjudicating Medicaid claims for payment. This is accomplished by coordinating the claims processing, provider, recipient and reference sub system of the Medicaid Management Information System (MMIS) in ensuring that the processing and payment of claims are made within Federal and State regulations; maintaining a close relationship with DOAS in relation to the data processing services they provide; expediting the payment and/or rejection of claims in "suspense" due to program edits; and identifying system and programming problems which cause backlogs or erroneous payments and recommending solutions to these problems.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to: maintaining a Medicaid eligibility list and to documenting the payment of claims to Medicaid providers and recipients.  Included are: security, library, and office copies of monthly, quarterly, and annual computer output microfilm reports. Report titles are as follows:  -Medicaid Management Information System Transactions by Provider Number -Eligible Persons File -Supplementary Medical Insurance File -Cash Journal by Vendor and Case number -Supplementary Security Income File -Suspended Claims Cross Reference by Recipient Identification -Medicare Suspended Claims Selected by Provider Number (see attachment)  Files are arranged: alphabetically by name of report; thereunder chronologically by date of report.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____ (24 cubic ft.)			



YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. Information summarized in Division Director's Subject File
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? Numerous Office Copies utilized throughout Department of Medical Assistance
X		i. Is this series (or a major portion of it) regularly microfilmed? Entire file series is computer output
	X	j. Does the record series result in a computer printout? microfilm

#### 11. Retention Requirements

The following requires the series to be kept:

a. State Law	3	years.	d. Audit period	3	years.
b. Statute of limitation		years.	e. Administrative need	7	years.
c. Federal law	3	years.	f. Federal retention instructions	0	years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

SEE ATTACHED SHEET

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other See below then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Office Reference Copies: Hold in current files area until receipt of verified updated report; then destroy.

Medicaid Library Copy: Place in Medicaid Library upon receipt of report; hold 7 years; then destroy.

Security Copy: Cut off files at end of each month; then transfer to State Records Center; hold 7 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

*See also Serial*

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Lap M. Camp</i>	7-7-78	<i>Paul T. Murphy</i>	7/7/78
		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	9-12-78
		Secretary of State/Designee	9-8-78
		Attorney General/Designee	9-13-78

Application Date 7/3/78

APPLICATION FOR RECORDS RETENTION SCHEDULE

11. ATTACHMENT

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

Based on previous reference experience, Dept of Medical Assistance needs security copy for 7 years to provide for prosecution of fraud cases and settlement of claims. File is used in connection with prosecution of suspected fraud cases. The different type of reports aid in discovering fraud cases since there are many ways to cross reference claims.

7. Record Series Description (cont.)

- |   |  |
|---|--|
| -Suspended Claims Cross Reference by Payee Number               | -Source Claims Reference by Recipient      |
| -Adjudicated Claims Cross Reference by Recipient Identification | -Five Year Activity Reference by Provider  |
| -Adjudicated Claims Cross Reference by Payee Number             | -Five Year Activity Reference by Recipient |
| -Cost Settlement Detail Report                                  | -Master Index by Transaction Number        |
| -Tape Transfer Source Claims                                    | -Remittance Advices                        |
| -Source Claims Cross Reference by Provider                      |  |